

The programs operated by Shelter House have contributed greatly to breaking the cycle of homelessness. In FY2012, Shelter House decreased the average length of stay for families in its shelters by 30 percent, and 72 percent of families at the Katherine K. Hanley Family Shelter and Patrick Henry Family Shelter moved into permanent housing, representing a 12% increase over the previous fiscal year. At Artemis House, 67% of households moved to safe and stable housing—an increase of 5% from FY2011. In FY2012, Shelter house prevented 40 households from becoming homeless, and 80 percent of families staying in its transitional and permanent supportive housing programs increased their employment income by an average of more than \$650 per month. Volunteers and community partners are essential to this success, as they provide the tools necessary to combat homelessness. Their time, money, and effort compose the foundation of Shelter House's commendable work.

This year, Shelter House has recognized the following individuals and partners for their outstanding commitment to ending homelessness in our community: Changing Lives Awards—Passion 4 Community, Lord of Life Lutheran Church, and St. Luke's United Methodist Church. Community Champions—Falls Church Presbyterian Church, Madison Ridge, and McLean Bible Church. Ending Homelessness & Domestic Violence Awards—Pat Kuehnle, Keller Williams Fairfax Gateway Office, and Lori Tagami. Youth Volunteer Award—Natalie Hancher, Molly Sullivan, Charlotte Lackey, Girl Scout Troop #1732, and Rock Spring UCC YORS (Youth of Rock Spring). These individuals and organizations certainly deserve special recognition for their dedication to Shelter House. However, we also must acknowledge the importance of all Shelter House volunteers, as well as the private sector and government partners who constantly strive to better our community through efforts to provide secure, structured environments, as well as indispensable support, for families in need.

Mr. Speaker, I ask my colleagues to join me in expressing our sincere appreciation to Shelter House and its many volunteers and community partners. Their selfless work benefits the entire Northern Virginia community and improves the lives of many of our neighbors.

COMMEMORATING THE 50TH ANNIVERSARY OF THE LAKEWOOD 4TH OF JULY PARADE

HON. JEB HENSARLING

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 2013

Mr. HENSARLING. Mr. Speaker, today I would like to commemorate the 50th anniversary of the Lakewood 4th of July Parade. On July 4, 1964, the Lakewood 4th of July Parade consisted of two children riding their bikes down the sidewalk on a block of Lakewood Boulevard. From these humble beginnings, the parade has expanded to become an institution of the Lakewood neighborhood.

For the past 50 years, the Lakewood 4th of July Parade has worked hard to promote a sense of community for its residents. While the parade has grown tremendously over the

past five decades, it remains true to its purpose of having a parade for the benefit of kids of all ages. The Lakewood 4th of July Parade is truly helping make our community a better place to live.

My wife, Melissa, and our two young children enjoy participating in the Lakewood 4th of July Parade. The annual event is important, not just to those who live on the neighboring streets, but to all who come to Lakewood to enjoy the patriotic festivities.

On behalf of all Lakewood residents, I would like to congratulate the Lakewood 4th of July Parade organizers and volunteers on their tremendous accomplishments and thank them for their continued valuable service to our community and country.

ADDRESSING THE NEGLECTED DISEASES TREATMENT GAP

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, June 28, 2013

Mr. SMITH of New Jersey. Mr. Speaker, yesterday, the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, which I chair, held a hearing that examined the neglected diseases that affect a relatively small but significant number of children around the world.

These diseases are not only debilitating for their victims but are too often fatal when untreated. Such diseases largely impact poor people in poor countries. They are not only small in numbers, but they are unable to pay market prices for treatments and are unlikely to lead social movements to force action on their diseases. That means that research on detection, vaccines and drug treatment for their ailments does not receive the priority that diseases such as HIV/AIDS, often seen in pandemic levels, are given.

The World Health Organization has identified 17 neglected tropical diseases or NTDs. The list ranges from chagas to rabies to leprosy to dengue fever. However, there are others not on this list of 17 diseases that also receive less attention. These include such diseases as polio and smallpox, which have largely been eliminated from the planet, and fatal, fortunately rare NTDs such as kuru and ebola.

This hearing will consider the current U.S. government handling of these neglected diseases to determine what more can or should be done to address this situation. Current U.S. law favors research on those diseases threatening the American homeland, but in today's world, diseases can cross borders as easily as those affected by them or the products imported into the United States. For example, chagas is most prevalent in Latin America, but it has been identified in patients in Texas, and cases of dengue fever have recently been reported in Florida. We cannot afford to assume that what may seem to be exotic diseases only happen to people in other countries. Ten years ago, West Nile Virus, another NTD, was not seen in the United States or anywhere else outside the East African nation of Uganda, but in less than a decade, it has spread across this country and much of the rest of the world. Last year, 286 people died from West Nile Virus in the United States alone. As re-

cently as the mid-1990s, this disease was seen only sporadically and was considered a minor risk for human beings.

Generally, NTDs affect the health of the poor in developing countries where access to clean water, sanitation, and health care is limited. Roughly 2 billion people are being treated for at least one NTD, although most individuals are infected with several NTDs at once. Several NTDs are difficult to control by drug treatment alone because of their complicated transmission cycles that involve non-human carriers such as insects. Furthermore, some of the drugs have significant side effects (including death) and cannot be used by young children or pregnant women.

A study done in 2001 found that research and development of drugs to treat infectious diseases had ground to a near-standstill. From 1975 to 1999, the report stated, 1,393 new drugs were brought to the market globally, but only 16, or 1.1 percent, were for tropical diseases (including malaria) and even tuberculosis, although these diseases represented 12% of the global disease burden. A 2012 update of that study found that the gap between the percentage of research and development on NTDs and their percentage of the global disease burden had narrowed, but there is still a long way to go to reach an adequate balance. Of the 756 new drugs approved between 2000 and 2011, 29 (or 3.8 percent) were for neglected diseases, although the global burden of such diseases was estimated at 10.5 percent. Of these, only four were new chemical creations, three of which were for malaria, but none for tuberculosis or neglected tropical diseases.

It is unprofitable for companies to create treatments for diseases with few victims and no certain way to recover research and development costs. Our heart goes out to those who suffer from these neglected diseases, and we want our government to speed up research and development in cooperation with universities and private companies. However, research and development take time and effort and costs money that private companies cannot easily justify to their stockholders, including many of us, without incentives. We should consider such incentives and look at the system in place to forge successful efforts to deal with NTDs.

We had with us representatives from the National Institutes of Health, which was established to understand, treat, and ultimately prevent the many infectious, immunologic and allergic diseases that threaten millions of human lives. Their government partner in the system for developing solutions to the problem of NTDs and other diseases is the Food and Drug Administration, which, among other responsibilities, is charged with protecting and promoting public health through the regulation and supervision of prescription and over-the-counter pharmaceutical medications, vaccines and biopharmaceuticals.

Also joining us yesterday were representatives from a network specializing in providing medicines at the lowest possible cost to those suffering from NTDs, a major pharmaceutical company that develops new drugs for the treatment of diseases rare and otherwise, and a new organization seeking to extend the benefits of proven interventions to improve the lives of the poor in developing countries. If a solution to the gap between existing research and development and successful strategies to